

**Seattle
Shoreline Conference Center
July 28, 2005**

Questions and Clarifications

1. What is the Children's Administration (CA) mission?

The CA's basic mission is safety, permanency, and well-being for children and families.

More information concerning the CA's mission is provided in the *Children's Administrations Strategic Plan 2005—2011* which can be accessed at <http://www1.dshs.wa.gov/pdf/ca/strategy.pdf>

2. What are the Children's Administration priorities?

CA's priorities are to get "back-to-basics" with sound practices that ensure safety, permanency and well-being for children.

More information concerning CA's priorities is provided in the DSHS Children's Administration Government Management, Accountability and Performance (GMAP) report to the governor. This report can be accessed at <http://www1.dshs.wa.gov/pdf/ea/DSHSGMAP062905.pdf>.

3. Who is doing the contract internal assessment (self-audit)?

CA will be conducting an internal assessment of services using criteria established at these three (3) stakeholder meetings. The contract review will be a three stage process:

Stage 1: Internal assessment to identify any apparent issues/areas of improvement based on established criteria

Stage 2: Involvement of individuals or groups of key stakeholders in the development of recommendations to address issues identified in stage 1

Stage 3: Implementation of simple improvements will be incorporated into contracts beginning January 1, 2006. More complicated improvements will be incorporated into contracts at a later date.

4. What is the context of this review?

The goals of this contract review are to have an effective and efficient array of services that are consistent across the state while still responding to unique community needs and to strengthen business partnerships between CA and contractors.

In completing this review, CA needs to sort out:

- How do we do business?
- How do we get excellent outcomes for children and families?
- What is the best business case? We want to show that CA made deliberate rational decisions on how CA contracts for services.
- Are payment structures appropriate?
- How do we make sure that we know CA's spending patterns?
- How do we develop good business partnerships with contractors?
- We want to determine where we are and how we are going to improve.

5. What does "performance indicators" mean?

Indicators that show services make a difference in the lives of children and families. Contractors know what indicators show beneficial outcomes for children and families. CA will be asking for contractor input about performance indicators during stage 2 of the contract review process.

6. What do you mean by "evidence based practices"?

Evidence based practices (EBPs) are service delivery practices that are supported by scientific research to have effective outcomes for clients.

7. How will EBPs be implemented? What are the timelines to implement EBPs?

Stage 1 will assess if a contracted service is currently a performance or evidence based service. If services are not currently performance or evidence based, in stage 2 CA and contractors will discuss how services can move toward performance or evidence based service models.

8. Family Preservation Services (FPS) and Intensive Family Preservation Services (IFPS) providers have been working with Organizational Research Services to develop outcomes. Will the recommendations made by this workgroup be implemented?

The recommendations made by this workgroup will be reviewed. CA will build upon the work that has already been completed. The recommendations from the FPS/IFPS workgroup may become a model for other programs.

Comments form Contractors and Stakeholders

1. United Way agencies have performance indicators. It would be good to take into account performance indicators already established for United Way agencies.
2. CA should consider completed work of past workgroups in this contract review process, e.g., Behavior Rehabilitation Services Outcomes Workgroup.
3. This contract review process seems rushed. It is proposed that CA take more time in conducting this review and implement changes in 2007. This will allow business partners time to prepare for any changes.
4. This contract review process should solicit input from consumers, i.e., youth, families, and foster families. This process should ask consumers, what services work and what services do not work for them.
5. The variations of Behavior Rehabilitation Services rates should be analyzed to make rates more equitable.
6. Six-month contracts have caused financial uncertainty for contractors. It is difficult to plan annual budgets. Contracts should be extended through June 30, 2006.
7. Putting a cap on contracts (maximum consideration) has caused difficulties in serving families. An example of this problem is a Family Preservation Services (FPS) provider who is currently serving 12 families and only has funding to serve 10 families until December. Services for the 12 families have been authorized through January.
8. Line staff persons have a different interpretation of contracted services and expectations than the program manager in Olympia. The contract review process should look at what services are actually provided, not just what is stated in the contract.
9. Quality of referrals from CA is not consistent.
10. CA needs to do a better job of matching referrals to needed services.
11. The amount of time for contractors to complete paperwork has increased. This review should determine if all paperwork is really necessary.
12. Legislation was passed to mandate collaboration between CA and contractors due to prior lack of collaboration. CA needs to take more time

in this contract review process to ensure collaboration. More people need to come to the table to collaborate in making decisions regarding effectiveness and efficiency of services and payment structure. There needs to be a collaborative process to determine how decisions will affect contractors. The contract review needs to look at immediate and long term results.

13. Certain pots of money may no longer fit the current CA mission. This issue should be addressed during the review.
14. What makes the most sense for children and families should be the overarching concern when developing outcomes.
15. Contractors will need training in evidence base practices to get up to speed. What pot of money will fund this training?
16. Implementation of Multi-Dimensional Treatment Foster Care (MTFC) is costly. Instead of requiring MTFC, perhaps CA can take the approach of reviewing how closely treatment foster care programs model MTFC principles.
17. Concerning evidence based practices, many service providers have good service outcomes that are not connected with costly research agencies.
18. Outcomes for youth receiving Behavior Rehabilitation Services can be as simple as academic achievements, placement stability, and adequate independent living skills.
19. It takes seven (7) years to see the effects of outcomes of services provided.
20. Evidenced based practices make a difference. The juvenile crime rate in Seattle is down by 45 percent by the use of aggression replacement training, multi-systemic therapy, and family functional therapy.
21. Contractors cannot hold the current administration responsible for the previous administration's mistakes concerning overspending; however, business partners never again want to be in the situation where they suddenly lose funding for their programs. This was devastating to contractors and children and families.
22. It is hoped that both CA and contractors will become real partners by working together. If CA discovers there is a revenue shortfall, they should give better advance warning.

23. Finding out overnight that services are being discontinued was devastating to children and families.
24. The Domestic Violence (DV) Coalition would like CA to recognize and prioritize the legislative intent of DV programs. The DV coalition recommends that contracts be extended from a six-month contract to an annual contract for budget planning.
25. In developing outcomes for DV programs, CA must take into consideration that DV programs have no control over abusers and other DV symptoms. Perhaps performance measures could be based on:
 - How fast clients leave shelters.
 - The number of protection orders put into place.
26. The contract review process should review the DSHS contract general terms and conditions. The termination clause does not afford contractors the same right to terminate contracts.
27. An economic analysis should be completed when determining the best payment model, i.e., fee for service, set monthly rate, or cost reimbursement.
28. Providers would like to be paid in a timely manner.
29. Contract funding sources should be stated in contracts for auditing purposes.

**Moses Lake
Big Bend Community College
July 29, 2005**

Questions and Clarifications

1. What are the Children's Administration (CA) mission, vision, and values?

CA's basic principles are safety, permanency, and well-being for children and families.

CA's mission, vision and values are further explained in the *Children's Administrations Strategic Plan 2005—2011* and the *DSHS Children's Administration Government Management, Accountability and Performance (GMAP)* report to the governor.

- *The Children's Administrations Strategic Plan 2005--2011* can be accessed at <http://www1.dshs.wa.gov/pdf/ca/strategy.pdf>.
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2. Are foster parents considered service providers?

No. Foster parents are considered volunteers who care for DSHS dependent children.

3. Stages of the contract review have been set. Were stakeholders an after-thought? Why were community providers not more involved upfront?

From the conception of the contract review, it has been planned to involve stakeholders and contractors in this process. During stage 1, CA will be assessing contracts based on criteria established at these three (3) stakeholder meetings. After the CA internal assessments are completed, areas of improvement and issues will be discussed with contractors and other stakeholders. These discussions will occur as internal assessments are completed. Some conversations will begin in mid September.

4. Will you be contacting each provider to answer questions during the internal assessment?

No. The internal assessment will be an internal CA process.

5. How will this contract review affect current contracts?

This contract review will not affect current contracts.

6. How will this contract review impact social workers' use of contracts?

This contract review will not impact social worker's use of current contracts.

7. How are performance indicators chosen if the indicators do not exist now in a contract?

Program managers will have discussions with regional staff and contractors on what performance indicators are currently available. When deciding on performance indicators, information will be researched to determine what performance indicators make the most sense for a specific service.

8. How will collaboration drive this process?

CA plans to involve contractors in this contract review process as much as possible. CA will survey contractors concerning CA's business practices and have discussions about contract issues/improvements and implementation plans for contract revisions.

Comments from Contractors and Stakeholders

1. Cheryl Stephani is invited to Region 1 to experience the collaborative atmosphere that exists in Region 1.
2. The recent overspending problem created turmoil for contractors and was devastating to children and families. Families lost continuity and stability of services during the last part of the fiscal year. Collaboration was destabilized and the process of suddenly cutting services to clients was disrespectful to contractors.
3. The contract review seems too rushed. CA should allow more time for the review. We recommend that CA's current contracts be extended through June 30, 2006. This will provide more time to let providers know the issues.
4. CA should take time to speak with families who receive services from contractors to find out which services are effective.
5. CA and contractors should design a collaborative process to meet outcomes for families and tie definitive outcomes to this process to know that collaboration and outcomes for families have been achieved.
6. There is fear that evidence based practices (EBPs) will destabilize the current infrastructure of agencies. In the native community, EBPs can be equated to colonization. You must conform even though you know what is best. Outcomes can be determined in many ways other than EBPs.
7. CA and contractors need to collect data on how to stabilize homes to determine what works.
8. There is fear that the contract review is a cost containment measure.
9. There is fear that if a program manager does not like a certain contracted program, they may sabotage that contracted program through this contract review.
10. CA needs to examine the true cost of providing services and adjust rates to reflect the true cost.

11. Service providers meet different clients' needs. Each service provider is one piece of the whole puzzle. All pieces must fit together.
12. Community agencies should have autonomy to spend contract funds. Someone in Seattle does not know what is needed in Spokane.
13. Maximum consideration contracts vs. fee for service contracts are more flexible and work the best for contractors. Contractors can provide more effective services with flexibility.
14. CA must take into consideration economic thresholds when designing payment structures, i.e., a certain amount of funding or referrals is needed to make a program doable.
15. There should be legislative involvement in this contract review process. Legislators should be briefed about this process and invited to meetings.
16. CA needs to share the results of data submitted to DSHS by contractors, so that contractors can do a better job.

**Olympia
Worthington Center
August 1, 2005**

Questions and Clarifications

1. What are the Children's Administrations (CA) mission and identified priorities?

CA's basic mission is to ensure safety, permanency, and well-being for children and families. CA's priority is to take a more "back to basics" with sound practices approach in ensuring safety, permanency, and well-being for children and families.

CA's mission, vision and values are further explained in the *Children's Administrations Strategic Plan 2005—2011* and the *Government Management, Accountability and Performance (GMAP)* report to the governor.

- *The Children's Administrations Strategic Plan 2005—2011* can be accessed at <http://www1.dshs.wa.gov/pdf/ca/strategy.pdf>.
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2. In stage 1, what will CA be assessing, e.g., each contractor, services, etc.?

In stage 1, CA will be conducting an internal assessment of services based on criteria established at these three (3) stakeholder meetings.

3. Will CA be comparing contractors against other contractors?

No. We will be reviewing categories of services based on the criteria established at the current stakeholder meetings.

4. If this is a true partnership, then should contractors have representation in this process? Who developed the original criteria? How objective will be the review?

Regarding contractors' representation in this process, contractors will have involvement in this process. This is just the beginning of the process. There will be many conversations between CA and contractors during the contract review process.

Regarding the criteria that will be used to assess contracted services, this is just the first cut. CA wants your input into developing the criteria. This is one of the purposes of the stakeholder meetings.

CA is trying to make the contract review process as objective as possible by developing standard criteria and specific instructions on how to assess contracts based on the criteria.

5. What is the intent of developing criteria for the assessment?

CA wants to develop a best business case for services by making deliberate and rational decisions on how CA contracts for services.

6. How specific will be the assessment?

We will be looking at the array of services. Are services available throughout the state? Are payment structures appropriate? Do services meet the CA mission? Do services have measurable outcomes?

7. What is the actual process to get provider input?

CA will be sending out a questionnaire to providers asking for information regarding CA's business practices with providers.

After the CA internal assessments are completed, contractors will be contacted to discuss and provide input concerning areas of improvement and issues resulting from the internal assessment. Some discussions will begin in mid September.

8. How do we know that we will be heard?

CA is working towards the goal of improving communication with contractors. CA will listen to your comments and implement changes to improve services to children and families and business partnerships.

9. What will happen to the completed work that was facilitated by Organizational Research Services concerning outcomes?

CA will not be starting from scratch in developing performance outcomes for services. CA will review work that has been completed and build upon that work.

10. When are contractors going to find out what is "bugging" DSHS about services that contractors provide?

This contract review does not mean that contractors are not currently providing good services. CA is completing this contract review as a continued effort to strengthen services to children and families and enhance our business practices and financial accountability. CA wants excellent outcomes for children and families and wants to build a best business case for the legislature.

11. Is this contract review process tied to budget cuts?

No. This contract review is not tied to budget cuts. We do recognize that CA does have budget problems, but this review is not tied to budget cuts.

12. How will early intervention fit into services since these services are not part of the CA mission?

One of CA's priorities is to get "back to basics" in providing services to clients. We cannot project how early intervention will fit into that priority.

13. What is the percentage of minority contractors with whom CA contracts?

The answer to this question is being researched. The answer will be posted shortly.

14. Does CA meet their target goal for minority providers?

The answer to this question is being researched. The answer will be posted shortly.

15. Is it common to have advisory boards?

There are strong advisory boards across the state.

Comments from Contractors and Stakeholders

1. It is suggested that Cheryl Stephani hold regular provider meetings to build back the trust of contractors.
2. DSHS needs to be more transparent.
3. DSHS needs to share the liability of high-risk clients with contractors. Providers are reluctant to take some referrals due to liability issues, e.g., referrals for sexual predators. It is hard to provide services for high-risk referrals with current resources. Foster parents can be run out of neighborhoods as the result of caring for sexual predators.
4. CA and contractors need to look at barriers in providing services to high-risk youth, i.e., the high cost of insurance.
5. The internal assessment should include criteria which addresses how contractors make a difference in their communities.
6. Number of clients served does not measure quality of services. Outcomes for individual families should be considered.
7. It is recommend that contracts ending December 31, 2005, be extended to June 30, 2006, while completing the contract review process.
8. Work from previous work groups to address outcomes, improve service delivery, etc. should be honored in this contract review. There is a lot of work on the shelf. CA should build on that previous knowledge and work.
9. Boilerplate contracts are implemented differently region-by-region. Everyone needs to agree upon contract requirements on a statewide basis.

10. CA is asking for input, but I will believe it when I see it.
11. Public Health agencies are on a calendar year. Public Health agencies need to know any budget changes now as budgets are being planned for next year.
12. Contractors and DSHS should work toward common goals. Communication is essential. Statewide organizations of community providers are a good resource to use when distributing and gathering information. Good communication will help contractors and DSHS join together in influencing the legislature.
13. In a partnership, both sides should be able to negotiate a contract. Currently, you cannot negotiate boilerplate contracts. It is a take-it or leave-it situation. This is offensive.
14. There should be a process to provide feedback concerning contract requirements.
15. The contract review should include the necessity of the administrative tasks under contracts. Are all reports necessary?
16. The contract review process seems like a rushed process. CA should think about the end product. CA should take more time to speak with providers and solicit input from a broader audience. Revisions should be determined in 2006 and implemented in 2007. This will give significant notice to contractors and families.
17. The Domestic Violence (DV) Coalition should be consulted for a historical perspective when reviewing the DV payment structure.
18. Evidence based practices (EBPs) will not work for families if contractors do not get referrals. Social workers have the power to refer or not to refer.
19. Latino clients are unique. There are no proven methods for treatment. Cultural issues need to be addressed around EBPs.
20. Tribes have not been included in service outcome research. There are no consistent outcome measures. CA should work with individual tribes to develop their own tribal outcome measures.
21. Tribal code requires that a signed contract be executed before money can be spent. CA needs to initiate contracts in a timely manner.
22. Tribes have many contracts with various DSHS administrations. There should be consistency in outcomes, payment structure and reporting.

23. One size contracts, performance measures, etc., do not fit all, especially when considering the rural vs. urban factor.
24. Each region is implementing services differently.
25. There needs to be discussion around referrals. A referral with drug, homeless, and domestic violence issues may be tagged by CA as low-risk; however, contractors may view this referral as a high-risk referral.
26. The requirement for ongoing training for both foster fathers and mothers has created a burden for foster parents. In the past, only one parent was required to complete ongoing training. Many potential foster parents decide not to become foster parents because of this burdensome requirement.
27. There needs to be continuity of services for children during pre and post adoption stages. Prior to adoption, children receive needed services, e.g., intensive psychotherapy; once the adoption is finalized services are stopped.
28. If a contractor is not performing well, the contractor should be decertified instead of continually cutting referrals to that contractor.

Written Comments

Written comments will be posted soon.